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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

day year)				
CITY, STATE, and ZIP CODE BONITA SPRINGS 2. NAME OF CANDIDATE CURTIS J CLAWSON 3. OFFICE SOUGHT (State and District) House FL 19 CO0554972 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer ROSIER INSURANCE Transaction ID: F6.7019 Occupation NAPLES B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) O6/11/2014 1000 Date (month, day, year) D6/11/2014 Date (month, day, year) D6/11/2014 Date (month, day, year) D6/11/2014 Amount day, year) D6/11/2014 Date (month, day, year) D6/11/2014 Date (month, day, year) D6/11/2014 D7/11/2014 D8/11/2014 D8/11/2014				
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2. NAME OF CANDIDATE CURTIS J CLAWSON B. FULL NAME, MAILING ADDRESS AND ZIP CODE 3. OFFICE SOUGHT (State and District) House FL 19 4. FEC IDENTIFICATION NUMBER C00554972 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON / Amount day, year) Occupation INSURANCE AGENT Name of Employer Date (month, day, year) Occupation INSURANCE AGENT Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Date (month, day, year)				
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BOB ROSIER ROSIER INSURANCE day, year) 2285 ROYAL LANE Transaction ID : F6.7019 Occupation NAPLES FL 34135 INSURANCE AGENT B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)				
ROSIER INSURANCE 1000 2285 ROYAL LANE	Amount			
2285 ROYAL LANE Transaction ID : F6.7019 NAPLES FL 34135 Occupation INSURANCE AGENT B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)				
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NAPLES FL 34135 INSURANCE AGENT B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)				
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day year)				
day year)				
	Amount			
WALTER D STEVENSON RETIRED				
7819 COCOBAY CT 06/12/2014 1000	.00			
Transaction ID : F6.7015				
Occupation				
NAPLES FL 34108 RETIRED				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount				
SBA LIST CANDIDATE FUND				
06/12/2014 2500	0.00			
1707 L STREET NW				
STE 550 Transaction ID : F6.7017				
WASHIGNTON DC 20036				
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, Amount	Amount			
day, year)				
Occupation				
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year)				
day, year)				
Occupation				
Occupation				
SIGNATURE (optional) DATE For further information contact:				
MARK BREBBERMAN 06/13/2014 Federal Election Commission	Federal Election Commission			
[Electronically Filed] 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-110				

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